



## Kentucky Board of Nursing

[www.kbn.ky.gov](http://www.kbn.ky.gov)

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### Medication Report

Participant Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

☐ KARE for Nurses Program

☐ Probation

I understand that I must report the use of all medications to my Case Manager. This report must include all prescription medications as well as all over-the-counter (OTC) medications, vitamins and herbal preparations. Notification to the Case Manager is to occur prior to the initiation of any medication. The following is a list of all medications and preparations that I am currently using, and all medications that I use on a prn basis.

Medication	Dose	Refills	Start Date	End Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

11/20/2003  
jmc